



USE IN LIEU OF PTO/SB/17 (11-04)
Reflects USPTO filing fees in effect from 12/____/04

FEE TRANSMITTAL For FY 2005

(Reflects USPTO filing fees in effect from 12/____/04)

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 2,160.00)

Complete if Known

Application Number	08/444,791-Conf. #5613
Filing Date	May 19, 1995
First Named Inventor	Manfried Brockhaus
Examiner Name	R. Schwardron, Ph.D
Art Unit	1644
Attorney Docket No.	13140 (01017/40451C)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order
 Deposit Account None

Deposit Account Number	13-2855
Deposit Account Name	MARSHALL, GERSTEIN & BORUN LLP

The Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below
 Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17
 Credit any overpayments

to the above-identified deposit account.

Other (please identify): _____

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	50	25
Each independent claim over 3	200	100
Multiple dependent claims	360	180
For Reissues, each claim over 20 and more than in the original patent	50	25
For Reissues, each independent claim more than in the original patent	200	100

Total Claims	- =	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

Indep. Claims	- =	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
_____	_____

Subtotal (2) \$ 0.00

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	120	60	
2-month extension of time	450	225	
3-month extension of time	1020	510	
4-month extension of time	1,590	795	
5-month extension of time	2,160	1,080	2,160.00
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	500	250	
Filing a brief in support of appeal	500	250	
Request for oral hearing	1,000	500	

Other:

Subtotal (3) \$ 2,160.00

SUBMITTED BY

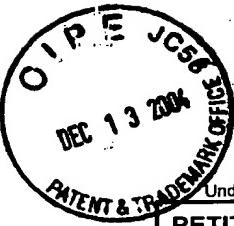
Signature	<i>Sharon M. Sintich</i>	Registration No. (Attorney/Agent)	48,484	Telephone	(312) 474-6300
Name (Print/Type)	Sharon M. Sintich	Date	December 9, 2004		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 9, 2004

Signature: *Sharon M. Sintich*

(Sharon M. Sintich)



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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) 13140 (01017/40451C)	
Application Number	08/444,791-Conf. #5613	Filed	May 19, 1995
For HUMAN TNF RECEPTOR			
Art Unit	1644	Examiner	R. Schwadron, Ph.D.
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p>			
	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00	\$60.00	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450.00	\$225.00	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1,020.00	\$510.00	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$795.00	\$
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$1,080.00	\$ 2,160.00
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-2855</u>. I have enclosed a duplicate copy of this sheet.</p>			
I am the	<input type="checkbox"/>	applicant/inventor.	
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input type="checkbox"/>	attorney or agent of record. Registration Number _____		
<input checked="" type="checkbox"/>	attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)	48,484	
		December 9, 2004	
Signature		Date	
Sharon M. Sintich Typed or printed name		(312) 474-6300	
		Telephone Number	
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			
<input type="checkbox"/>	Total of	1	forms are submitted.

12/15/2004 LWONDIM1 00000041 08444791

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Dated: December 9, 2004

Signature:

(Sharon M. Sintich)